

MORRISON & FOERSTER LLP

Attorneys at Law
3811 Valley Centre Drive, Suite 500
San Diego, California 92130-2332
Telephone: (858) 720-5100
Facsimile: (858) 720-5125

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Comments:

Attorney Docket: 564462010900
Group Art Unit: 1631
Examiner: M. Borin
Serial No.: 09/997,807
Filing Date: November 30, 2001
Inventor(s): Jay M. SHORT et al.
Title: METHOD OF MAKING A PROTEIN POLYMER AND USES OF THE POLYMER

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Petition for 2 Month Extension of Time (1 page)
4. Notice of Appeal (1 page)

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SD-243718

PTO/SB/21 (09-04)

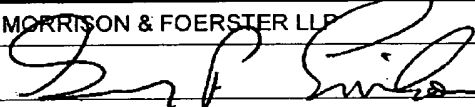
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/997,807
		Filing Date	November 30, 2001
		First Named Inventor	Jay M. SHORT
		Art Unit	1631
		Examiner Name	M. Borin
Total Number of Pages in This Submission	6	Attorney Docket Number	564462010900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet (1 page)
Remarks Customer No. 45975		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Gregory P. Einhorn		
Date	February 9, 2005	Reg. No.	38,440

I hereby certify that this correspondence is being facsimile transmitted to MS AF, the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Dated: February 9, 2005	Signature:  (Norman Green)

sd-243713

PTO/SB/17 (12-04)

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<p><small>Effective on 12/08/2004.</small></p> <p>FEE TRANSMITTAL</p> <p>For FY 2005</p>		<p><i>Complete if Known</i></p>	
<p><small>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p>		<p>Application Number</p> <p>Filing Date</p> <p>First Named Inventor</p> <p>Examiner Name</p> <p>Art Unit</p> <p>Attorney Docket No.</p>	<p>09/997,807</p> <p>November 30, 2001</p> <p>Jay M. SHORT</p> <p>M. Borin</p> <p>1631</p> <p>564462010900</p>
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>			
<p>TOTAL AMOUNT OF PAYMENT (\$) 475.00</p>			

METHOD OF PAYMENT (check all that apply)

☐ Check
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 Deposit Account Number: 03-1952
 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES.

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

_____ _____

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - = _____ x _____ = _____

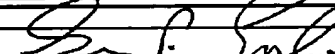
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____	(round up to a whole number) x _____ = _____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: 2252 Extension for response within second month	225.00
2401 Notice of appeal	250.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,440
Name (Print/Type)	Gregory P. Einhorn	Telephone	(858) 720-5133
		Date	February 9, 2005

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